

IMPACT

PATHWAYS AHEAD



HAPPY HOLIDAYS FROM THE BRAIN INJURY ASSOCIATION OF CANADA

HAPPY HOLIDAYS

The Brain Injury Association of Canada

wishes you a happy and SAFE

Holiday Season



BREAKING NEWS

NOVA SCOTIA PASSES mandatory all-ages ski/snowboard helmet legislation

BIAC is pleased to see that Nova Scotia has passed legislation to make ski helmets mandatory on its ski hills but disappointed that to date, we have seen no movement from the federal government to ensure that Canadian tested ski and snow sport helmets are available for purchase that meet Canadian Standards.

This is not the case with hockey helmets which are required to meet Canadian standards. In doing so, Canada will take

one more step to reducing disability among snow sport participants as well as the social and economic costs associated with these injuries. As well, Canada would become the leader in providing the world with the very best snow sport helmets.

Nova Scotia has made history as the first jurisdiction in the world to pass mandatory all-ages ski/snowboard helmet legislation. Congratulations.



PLEASE SHARE THE LINK BELOW AND VOTE YES....

“Should helmets be mandatory on Canada’s ski slopes?” poll. You can see - and vote - here: <http://www.cbc.ca/news/yourcommunity/2011/12/should-helmets-be-mandatory-on-canadas-ski-slopes.html>

Message from the Editor - Barb Butler



Barb Butler - Impact Editor

December. The last month of 2011 and I find myself asking, as many of you might also ask, where did the year go? It was an exciting year for us at the BIAC, brain injury, particularly concussion has been in the news a lot and we spent a lot of time sharing information and learning about mild brain injury. As more Canadians are affected by brain injury the busier we are educating and supporting. Most of this work was done by Harry Zarins our executive director and I thank him for his hard work and dedication.

As 2012 looms on the horizon we have already begun work on Ottawa, 2012, the ninth annual BIAC conference which will be held in late September. Watch for the call for abstracts to appear on our website in early January. It promises to be bigger and better, which will be hard to achieve as PEI 2011 was really quite amazing.

The beauty of the Christmas season can remind us of all the beauty in life that we take for granted. Our family, our friends, and our faith. Keep Christmas a time of celebration and love. Don't let Christmas become a chore. Don't let Christmas bring strife to your home. Thank you all for being readers of this newsletter. I wish you joy, I wish you peace, I wish you love. We never know what each day will bring, what each year will hold for us. As we enter into 2012 I wish you strength, I wish you prosperity, and I wish you happiness. Be kind to one another, be kind to yourself. Travel safe.

I can be reached at
barbbutler@biac-aicl.ca.

See you all in the New Year!

Barb Butler - Editor



The Ride for Konrad

Konrad Feltham was a charming young man that was born with "grease on his hands", who made friends with everyone he met; he enjoyed the outdoors and riding his dirt bike.

Konrad's life was tragically cut short July 3rd 2009 in a moose vehicle collision a week after graduating from High school at Lewisporte Collegiate, Gander, Newfoundland before he was due to start the Air craft maintenance engineering course at the College of the North Atlantic.

The Ride for Konrad was originally organized by two of his close friends, Leonard Ellis and Jordan Freake. They wanted to bring all his friends and family together to take them on a ride along Konrad's favourite trail to remember their lost friend and loved one.

Originally this was only suppose to be an unorganized social gathering that had such a great turn out eventually spawned into the organized event known as "The Ride for Konrad". Each year we had received donations from local businesses and individuals who gave us their support.

All the money raised the first year went towards helping start "The Konrad Feltham Memorial Scholarship" which gives students from local schools who are interested in furthering their education in the trade industry and scholarship to help them with their education.

After the scholarship program was launched we realized that the ride was raising more money than needed to support the scholarship program so we decided to start giving half the proceeds to another charity, the second year we chose to donate to the Janeway Children's Hospital where we donated \$3713 This year we decided to donate to the Brain Injury Association of Canada as we saw a close relationship between moose vehicle accidents victims and brain injury, we donated \$4548.25.

For more information please visit: www.konradfeltham.ca

The Brain Injury Association of Canada (BIAC) is pleased to have the Ride for Konrad as an annual donor to BIAC to support BIAC's efforts in Newfoundland and Labrador (NL) through its Vice President, Jeannette Holman Price and as founder of CANDO, Canadian Adolescents with Neurological Disabilities Organization in NL.



Message from the President of BIAC

Recently, someone sent me the following quotation by Mary Ann Radmacher:

Courage does not always roar. Sometimes courage is the quiet voice at the end of the day saying, 'I will try again tomorrow.'

Courage! Absolutely! And every day, people with acquired brain injury across Canada demonstrate that kind of courage. Last weekend, I had the opportunity to attend a conference for ABI survivors and family members in Regina. I saw courage shown there in a number of ways.

For some, courage meant leaving a care facility for two days and going into unknown territory. For others, courage meant expressing perhaps for the first time frustration with the loss of abilities. For many, perhaps all of the survivors, that courageous step brought hope, the hope that says with confidence, "I will try again tomorrow."

This month marks the 19th year of my brain injury from a car crash at an uncontrolled intersection. I really struggled for the first couple of years and much of that struggle was because I somehow had the mistaken impression that I was all alone. While various medical interventions clearly were of great benefit and continue to keep me going, I believe that the greatest support came as my family and I discovered that there were others walking a similar path.

For me, the connections I have made were through the Saskatchewan Brain Injury Association. As time went on, further connections were made through the Brain Injury Association of Canada.

Dear Readers of Impact:

Sara Catalarranas is the Creative Director at Sara C Designs. She is researching accessibility in order to better provide accessible and inclusive design solutions for businesses and individuals. She asked that I answer the following questions, some of which are best answered by you the reader. Think of yourself as the "user" as you work through the questions. As an example the first question asks who the users are, answer that by telling who you are and what your needs and goals are. If you have any questions please send them and your responses to inclusive.creative@gmail.com

Thank you for your participation

The Editor

CARLSON'S CORNER



If you are a survivor, a family member or a caring friend, I hope that you can make connections with others or nourish the connections you have already made and that you will have the quiet and powerful courage to try again tomorrow.

Holidays aren't always easy for people dealing with the effects of serious injuries. For many survivors, the changes to routine, the crowds of people and other things can cause some pressure whether it is real or imagined.

My injury and subsequent surgery occurred just days before Christmas in 1992. That year, really all I wanted for Christmas was to survive. Over the years, I've been able to adjust and get back to the point of truly enjoying the holidays.

I hope that wherever you may be along the survival road or as a family member or friend that you have a truly blessed Christmas and a New Year full of hope and promises. Best wishes for the season from my wife, Stephanie, my family and myself.

1. Who are the users of your Web site and/or your organization and what are their needs/goals?
2. What information and functions do your users need, and in what form do they need it? Include web and other information/communications systems.
3. What hardware and software will the majority of your users use to access your site?
4. What types of accessibility tools are currently being used by your organization?
5. How do you find graphic/web designers to work on these projects? (Online, word of mouth etc)
6. Do you find that the graphic/web designers you contact are informed and have the required skills to complete accessible documents?
7. Do you think there is a need for more graphic/web designers with these skills?
- 8/ Do you think that Smartphone/tablet (such as iPod, iPhone) apps could be useful to your organization and how can an app improve accessibility for your organization? What types of apps would your users find useful?

From the Executive Director, Harry Zarins



The fall has been a busy season.

Here are some of the highlights of the past few weeks.

Most recently, I had the honour to represent the Association at the Canadian Medical Association's Workshop on Transforming Health Care: A Shared Responsibility where

close to 75 NGO's gathered to share their thoughts on the upcoming 2014 Health Accord. What was quite obvious from the discussions was that the range of health care services and available medications vary from province to province. I also had the privilege to meet Dammy Damstrom Albach, President of the Canadian Association of Suicide Prevention and listen to the range of support they offer Canadians with regard to prevention and support. Go to www.suicideprevention.ca for more information.

I would encourage you to take the time and add your voice and thoughts about the future of healthcare in Canada at the following Canadian Medical Association (CMA) websites <http://www.cma.ca/health-care-transformation> /// <http://www.cma.ca/advocacy/advocacygettinginvolved> and the Canadian Nurses Association (CNA) website at http://www.cnaaicc.ca/CNA/about/nec/default_e.aspx CNA launched its first National Expert Commission in May 2011 to contribute to the transformation of health care in Canada. The Commission will consult with Canadians across the country and develop recommendations to help shape the health-care system into one that is better equipped to meet the changing needs of Canadians. Both organizations are looking for input from Canadians and there are opportunities to have your say.

I also attended a meeting with the Department of Finance Canada with regards to Ensuring the Effectiveness of the Registered Disability Savings Plans (RDSP). As noted in e-news bulletins to the provinces and on BIAC's website, Facebook and Twitter sites the government has reached out to Canadians to offer their opinions. At the meeting, I was able to bring up the concept of rolling over Registered Educational Saving Plans to RDSP's in cases where a child or adolescent has suffered a disability from a brain injury that would not allow a person to attend post secondary institution. The concept was well received. Equally well received at the meeting was adding the definitions of cognitive and behavioural disabilities as a result of a brain injury into their literature. Presently, there is only reference to intellectual disability. It

was also discovered was that in the provinces of PEI, New Brunswick and Quebec RDSP income and assets affect income support benefits offered in those provinces while in the rest of the Canadian provinces this is not the case. If you wish to comment on this topic please go to this website:

<http://www.fin.gc.ca/n11/11-103-eng.asp>

BIAC was also present at Canada's Research-Based Pharmaceutical Companies (Rx&D) annual meeting where Health Care Sustainability was discussed among other topics. BIAC has also been active on Parliament Hill requesting that we (survivors, caregivers, researchers, neurologists, brain injury prevention experts) be heard at the House of Commons Health Committee on Canada's Silent Epidemic. It is hoped that BIAC will receive a positive response.

BIAC has also been active in supporting the research that is ongoing in different parts of the country. More importantly, I would like to make you aware of the Acquired Brain Injury Research Lab that exists at Toronto Rehab in partnership with the University Health Network and the Department of Occupational Science and Occupational Therapy at the University of Toronto. For more information about the excellent research and work going on at this lab go to www.abiresearch.utoronto.ca

On behalf of the Brain Injury Association of Canada and myself, I would like to wish all of our brain injury community members, survivors and caregivers, health care professionals, government decision makers and all Canadians a safe and enjoyable Holiday Season and Best Wishes for 2012 and beyond.

I would like to thank all our sponsors and donors for their support of the Brain Injury Association of Canada this past year.. I would also like to thank all of the volunteers who quietly work in the many brain injury communities across Canada with the many survivors and caregivers from Newfoundland and Labrador to Vancouver Island to our Northern Territories and communities. Together we will work to making a difference to survivors and their caregivers and creating awareness of brain injury. Thank you to All.



Brain Injury - Surviving Holiday Stress

Emily Axvig LMHC, NCC, Department of Neurology University of Iowa Hospitals and Clinics



For some people, the holidays can be an exciting time revolving around the hustle and bustle of baking, entertaining, welcoming out-of-town guests, shopping, and more. For others, the holidays can be a time of loneliness and isolation. Whether it is positive or not-so-positive, the holidays are usually a source of stress for all. For a survivor of a brain injury, however, the holidays can feel even more overwhelming and can lead to new daily challenges that can make not just the holiday season a struggle, but can also affect day-to-day living. The following tips can be useful for all individuals battling seasonal stressors, but can be especially good survival tips for those who have survived a brain injury (and their caregivers).

Leave the past in the past: The reason many brain injury survivors and their families may dread this time of year is because of not-so-pleasant experiences of years past. Others may feel disappointed because they tend to compare current holiday seasons with the “good old days”. Keep your expectations for the holiday season reasonable.

Predict: In the vein of keeping holiday season expectations reasonable, it is important to predict what sort of challenges and excitement you may face during this time of year. For example, you can predict that family gatherings or holiday parties may tire you more easily. You can also predict that when shopping for presents, shopping areas are going to be busier on the weekends than during the weekdays. Predict that preparing for so many seasonal activities will require some extra-special planning and organization.

Plan: Make a list and prioritize the important activities. You may

even have to plan which activities you can attend, and which ones you cannot attend. Put these activities such as shopping, cooking, having house guests, attending parties, etc. on your calendar. Don't forget, you need to plan out your regular life as well. Make sure you are continuing to do things that are vital to your daily routine like taking your medications, exercising, and maintaining organization.

Pace: Save time for yourself! Not all the planning has to fall on your shoulders. Make sure you take special care to prepare for upcoming events by maintaining a good diet, sticking with your daily exercise routine, and setting aside time (whether or not you are tired) to rest. Be realistic about what you can and cannot do. Don't put the entire focus on just one day (i.e., Thanksgiving Day). Activities can be spread out to lessen stress and increase enjoyment. When you don't pace yourself, you may become easily overwhelmed, depressed, or simply exhausted, which does not make any part of the holidays enjoyable for you or for those around you.

Other tips that may help you survive the holidays include:

Try something new: This could be as simple as sampling a new recipe or as exciting as starting a new holiday tradition.

Spend time with supportive and caring people: Stick with those you know can help lift you up during holiday season. Talk to those you trust and ask for help if you need it. Despite the idea of “holiday cheer” some people are especially unpleasant to be around during the holidays. Try your best (if possible) to limit contact with unsupportive people.

Do something for someone else: Try volunteering. It is a free way to give during the holidays. You could

also make cards or write letters to friends, family and neighbors. It is an inexpensive and personal way to show others you care.

Avoid excessive drinking: Drinking alcohol is not only known to increase feelings of depression, it can also be dangerous for individuals with brain injuries. If you must drink, please do so in moderation. It is also important to avoid excessive eating and maintain and exercise schedule if possible.

Save money by enjoying free activities: The holiday season is a great time to seek out free activities. Checking your local newspaper or listening to the radio may help you find free music to enjoy, places to try a free treat, or more. It also is free to view holiday displays, whether these displays are in neighbor's yards or in store-front windows.

As the holiday season quickly approaches, a very important thing to keep in mind is the holidays go just as quickly as the come. If you are feeling overwhelmed, hang in there, the holidays do not last forever. Use some of the tips mentioned above, and you may not just survive the holidays, you may actually find more enjoyment in the season!

The University of Iowa Hospitals and Clinics is a member of the Iowa Brain Injury Resource Network of The Brain Injury Association of Iowa (BIA-IA). BIA-IA offers support, information, and advocacy for Iowans with brain injury, their families, caregivers and service providers. We at the BIAI thank them for allowing us to share this article with our reader. For more information about brain injury please contact the Brain Injury Association of Iowa at 800-444-6443, at info@biaia.org or at their website - www.biaia.org



Please note:

The opinions expressed in Impact, the newsletter of the Brain Injury Association of Canada (BIAC) are those of the respective authors and not necessarily those of the Brain Injury Association of Canada. BIAC will not be liable for any damages or losses howsoever sustained, as a result of the reliance on or use by a reader or any other person of the information, opinion, or products expressed, advertised or otherwise contained here in.

Where appropriate, professional advice should be sought.

Music Therapy and ABI

Cheryl Jones MMT, NMT-F, MTA

Music therapy is an effective and rewarding intervention to use with individuals who have experienced ABI. It can be used to address both functional goals and emotional needs.

What is Music Therapy?

Music therapy uses music and its characteristics to work towards non-musical goals. Goal areas include speech and language, motor, cognition, and psychosocial.

Neuro Music Therapy is a specialized area of music therapy and is based on research evidence of music's neural impact on the brain. With this understanding, and the knowledge that music is a multi-site stimulus, therapeutic interventions using music have been developed. Because of music's stimulus, music therapy can be an effective tool to use with individuals who have experienced ABI.

In addition, the emotional qualities of music make it an effective tool to address psychosocial needs. Music can be used for self-expression, cathartic release, creativity, affirmation, and self-esteem. Music can be used to highlight and celebrate what an individual can do.

A qualified music therapist has obtained a minimum of a 4-year university degree and has completed a 1000-hour internship. S/he is also accredited by the Canadian Association of Music Therapy with the professional designation MTA.

Examples of Music Therapy

Music Therapy and Speech

Music therapy uses a variety of interventions, including the use of wind instruments and vocal exercises, to support speech and language goals. These goals may include oral motor control, breath support, articulation, speech rate, and word finding.

Although speech and singing share many similarities such as melody, inflection, and rhythm, they are processed differently by the brain. Therefore, singing is often used to target initial speech goals.

Music Therapy and Motor Skills

Tempo (speed), dynamic level (soft, loud), and the melodic direction of music can help cue movement. This is especially helpful for an individual who has difficulty following multiple or verbal directions. An individual was working on range-of-motion and endurance for her left arm. However, when given

verbal directions she became confused. In addition, she did not have a sense of her movement, continuously raising her arm only a few inches when asked to lift her arm high. However, music played in the required tempo, using a steady pulse, in an ascending scale, cued her to raise her arm, how high to raise it (the length of the scale), and provided rhythmic support for control of the movement. The length of the scale cue raising her arm, achieving full range of motion. Because music is processed differently, she was able to follow the musical cues much easier than verbal directions.

Music therapy may be used to improve fine or gross motor skills by having the individual play instruments chosen specifically for the target movement.

Music Therapy and Cognition

Music therapy uses a variety of interventions to address cognition goals including attention and various types of memory (short term, sustained, divided, etc.). Procedures that need to be remembered may be put to music in the form of a song to aid in the recall of the various steps required for a specific skill.

Music Therapy and Psychosocial Needs

Because of music's emotional characteristics, it can be a powerful form of self-expression. Both music making through improvisation and song composing enable an individual to be expressive. This is especially important for individuals who are non-verbal. Being able to express your emotion through an instrument can be immensely satisfying. A client who was feeling frustration, but unable to verbalize it, chose to play a large drum. After striking it several times and producing a loud sound, she felt better, having released her emotion and knowing that others now heard her level of frustration. Others may express themselves easier with music, not needing to worry about finding the right word. For some, the very act of playing an instrument is empowering.

A young woman, who is non-verbal, was experiencing depression about her car accident. The music therapist offered to help her write a song about it, providing her the opportunity to express her feelings. Lyrics describing how she felt were signed to the music therapist and family members. The music therapist provided musical options for the young woman, who indicated one chord vs



another and other musical decisions with a thumbs up or thumbs down. The song was recorded to a CD. When the CD was played for the young woman, she indicated tears by running her finger down her cheek from her eye to her chin. When asked if the song sounded "like her", if it reflected what she intended to express, she signed "yes". She continued, "Now they not only know my words, they know how I feel." By adding the musical qualities to her lyrics, the message went beyond "words", it also portrayed her heart, the emotions she wanted to express.

Conclusion

Music, with its characteristics and its neural stimulus, is an effective intervention for individuals with ABI. It can address both functional and psychosocial goal areas. Working towards goals, music can also be motivating and rewarding.

Cheryl Jones MMT, NMT-F, MTA, holds her Masters of Music Therapy from Wilfrid Laurier University. She has advanced training in Neurologic Music Therapy from the Bio-medical Research Centre at Colorado State University.

She is a fellow of the Robert F. Unkefer Academy of Neurologic Music Therapy, is a member of the Network of Neurologic Music Therapists, and of the International Society of Clinical Neuromusicology. Cheryl is a researcher for the Conrad Institute for Music Therapy Research. She currently maintains a private practice, Con Brio Music Therapy, in Ottawa, Ontario. She may be reached at con.brio.piano@gmail.com.



Richard... Writes

Richard Kerr lives in Montreal with his wife and son. He is a survivor of traumatic brain injury suffered in a hit and run August 17, 2006.

The Purpose of Dreams

Although all cultures have art and mythology associated with this universally important state of consciousness, there did not exist any objective measure of dreams, other than observed behaviour or self reporting.

That all changed in 1952. At the University of Chicago scientists first measured electrical signals produced while we sleep through use of electroencephalography and recorded these measures in a time locked configuration on a paper roll graph for the first time. EEG measures are voltage fluctuations resulting from ionic current flows within the neurons of the brain.

In this study the subject is challenged with a puzzle, or thought task, and the voltage measure produced is noted. Again when the same subject is sleeping another reading is recorded, giving us an intuitive view into the mysterious workings of the brain.

An important stage of sleep is discovered in this way. It is known as rapid eye movement or R.E.M. sleep because of the tendency of the eyes to dart around rapidly, even behind our closed eyelids.

Measured electrical activity at this point mimics activity when we are awake. For this reason R.E.M. sleep is referred to as Paradoxical sleep. Intuition would tell us that brain activity should be less when we are asleep. When subjects are woken at this stage they remember a dream. Production of chemicals in the brain norepinephrine, serotonin, and histamine, is almost completely blocked which cause the muscles to stop moving during sleep. This sleep paralysis or R.E.M. atopia is a very functional adaptation as it prevents us from thrashing around in our sleep and injuring ourselves. People having a disorder, being unable to achieve R.E.M. atopia, will sleepwalk and tend to act out their dreams.

A friend who prided herself on being a very vigilant mother had a technique of sprinting out of R.E.M. atopia when the telephone rang, practicing her "hello" three

times before lifting the receiver. As with many of us she had great pride in appearing alert while operating on coffee and very little sleep.

Going "all out" in this way 24 hours a day-7 days a week, for any reason has a physiological price. We sometimes work in this way for perceived academic emergencies such as completing a project or cramming for a big exam. A steady planned approach rather than one which relies less on the action hormone adrenaline and resulting in higher levels of the stress hormone Cortisol, would be a better approach. Cortisol is the hormonal byproduct of the fight or flight hormone adrenaline, encourages weight gain through adiposity, a negative long term consequences to our cardio vascular health.

A workplace which demands heroic overtime shifts disrupting circadian rhythms; our natural sleep cycles can also be counter productive by creating these health consequences as well.

The dream process is considered by some science to be an epiphenomenon, an accidental result of the more important process going on behind the conscious brain.

A dream is thought to be the result of the cortex trying to process memories of our conscious experience and trying to make a cohesive story.

Being aware one is asleep while dreaming is called lucid dreaming.

Lucid dreaming is an elusive activity, feared by some who find it disorienting, and yet intentionally prompted by others, who value the highly creative solutions we encounter in resolving problems and creating, when asleep. Of course to achieve benefit from conscious analysis of a dream, a very strict protocol for documenting dreams on waking must be followed as our memory of dreams seems to be ethereal, evaporating soon upon waking. We forget 95% of dreams, mostly within ten minutes of waking.

BIAC awards Richard Kerr and The "Chaps"

An award ceremony was held Tuesday November 15th, 2011 at the downtown YMCA to present the 2011 Communications Award to Richard Kerr, author of Richard Writes, a popular column in the Brain Injury of Canada e-newsletter Impact.

Writing is becoming recognized as a discipline which primarily was tasked with augmenting memory in daily activity. Somewhat unexpectedly has been found to produce enormous benefits in organizing thoughts resulting in effective communication. Activity which opens doors to community involvement results in enormous benefits to self actualization, a severe problem when permanent injury results in a complete change of self identity formerly achieved through work. This award of recognition celebrates the success of Richard's writing, while shining a light on the benefits to be had in rehabilitation from Brain Injury of the discipline itself. Richard was part of a writing program taught at Constance Lethbridge Rehabilitation Centre.

An understanding of how important and groundbreaking this idea is suggested by those present. They included: Dr. Erica Stern a rehabilitation expert at University of Minnesota, Jan Ravensbergen nationally syndicated print journalist, Olga Pazzio-guiducci practicing Montreal Neuro-Psychologist, Allan Aitken husband of Sally Aitken a founder of Polio Quebec, Pierro Hirsch of VIRAGE Driving Simulators. Of course many of Richard's social network and his Canadian Pacific Railway workmates were present to join in happy celebration of this recognition of surprising talent.

Also in attendance to receive formally their 2010 Communication Award were The Chaps, Steve Walters and Charles Raywood from Profile Direct. The pair of them are whose work makes this newsletter look so good!

Congratulations to Richard, Steve and Charles for all of your effort and hard work on behalf of BIAC. Job well done my friends!

Barb the Editor



From left to right: Giulio Capuano - Diesel Shop Works Manager, Mario Troli - Car Shop Works Manager, Richard Kerr - Award Recipient & Electrician, Mike Shipanook - Electrician, Anthony Bucci - Electrician.



Richard Kerr and Pierro Hirsch of VIRAGE Driving Simulators



Richard Kerr and Jan Ravensbergen, nationally syndicated journalist



From left to right: The Chaps (Charles Raywood and Steve Walters), Barb Butler and Harry Zarins

NHCC-NPHSNC: A Summary

In their 2006 publication *Neurological Disorders: Public Health Challenges*, the World Health Organization concluded that “a large body of evidence shows that Policymakers and health-care providers may be unprepared to cope with the predicted rise in the prevalence of neurological and other chronic disorders and the disability resulting from the extensions of life expectancy and aging populations globally.” To address this issue, and the present-day needs of the over 10 million Canadians living with a brain condition, a group of neurological health charities came together in 2008 to collaborate as Neurological Health Charities Canada (NHCC).

The NHCC is a collective of organizations that represent people with chronic, often progressive, neurological and/or neuromuscular diseases, disorders, conditions and injuries in Canada. NHCC’s role is to provide leadership in evaluating and advancing new opportunities for collaboration specific to advocacy, education and research projects related to brain health. Its mission has been to improve the quality of life for all persons with chronic brain conditions, and their caregivers, by elevating brain health to the top of government agendas. This is to be done by increasing awareness, influencing government decision makers regarding brain health and ensuring that research, prevention, treatments and supports for those living with chronic brain conditions are universally accessible and fully funded.

In 2009, NHCC was granted \$15M to fund a national study aimed at filling in gaps in knowledge about the state of neurological conditions in Canada. Called the National Population Health Study of Neurological Conditions, this four-year study will provide new information to improve knowledge about the impact of current and projected neurological conditions over the next twenty years. The funding serves to support three national surveys, thirteen Pan Canadian Research Studies, a Micro-Simulation Project before concluding with a Synthesis Process to be submitted as a formal report of recommendations to the Minister of Health. Concluding in 2013, this study is the first of its kind in Canada where it will provide key information to improve current knowledge on neurological conditions. **Of the seventeen projects listed above, thirteen will generate data related to Brain Injury.**

The NHCC has made a long-term commitment to furthering Canada’s understanding of neurological conditions. It plans to strengthen itself by building a strong membership, formalizing governance, increasing member engagement and supporting active provincial working groups. It will continue to advance policy priorities by building stronger relationships with Parliamentarians, cultivating new political and bureaucratic champions as well as engaging the Health Portfolio leadership in strategic dialogue. Finally, the NHCC will persist at building a profile of brain conditions in Canada and strengthen the national brain community network.

Members:

- ALS Society of Canada
- ALS Society of Ontario
- Alzheimer Society of Canada
- Alzheimer Society of Ontario
- Brain Injury Association of Canada
- Canadian Alliance of Brain Tumour Organizations
- Canadian Epilepsy Alliance
- Canadian Neurological Sciences Federation
- Canadian Stroke Network
- Centre for ADHD Awareness Canada
- Dystonia Medical Research Foundation of Canada
- Headache Network Canada
- Heart and Stroke Foundation of Canada
- Huntington Society of Canada
- March of Dimes Canada
- Mood Disorders Society of Canada
- Multiple Sclerosis Society of Canada
- Muscular Dystrophy Canada
- Ontario Federation for Cerebral Palsy
- Ontario Neurotrauma Foundation
- Ontario Rett Syndrome Association
- Parkinson Society Canada
- Parkinson Societies in Ontario
- Spina Bifida & Hydrocephalus Association of Ontario
- The Foundation Fighting Blindness
- Tourette Syndrome Foundation of Canada

4211 Yonge Street, Suite 316, Toronto, ON M2P 2A9

Phone: (416) 227-9700 ext. 3314 | Fax: (416) 227-9600 | Website: www.MyBrainMatters.ca



All accidents are not equal

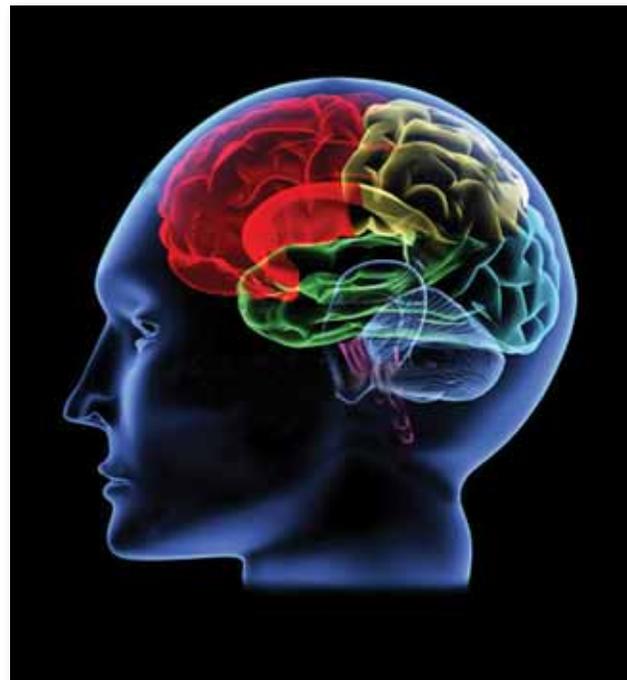
by Tyrone Bell

Some would argue “that is why they are called accidents“. Accidents are just that - accidents. They are all mishaps. They could be caused by mistakes, auto crashes, falls or a wide range of misfortunes. However, I would say that not all accidents are the same. It is also interesting that we usually think that accidents will not happen to us, but to other people, until we become other people.

You do, or do not forget about some accidents with the passage of time. Sometimes when some accidents occur, there is a mixture of different types of injuries. There may be soft tissue injuries, damaging mainly flesh. Other damages involve the bones. Injuries may also have cosmetic outcomes, impacting on the ways a survivor may look. There are also psychological or cognitive injuries. These include traumatic brain injuries (TBIs). The TBIs and other psychological injuries are not readily seen and they tend to take a longer time to heal, if at all. Therefore, after a survivor is fully healed of soft tissue or flesh wounds, a brain injury may remain. It is my opinion, that having a cognitive, versus a physical setback, puts one at a greater disadvantage because it may be difficult for a person with a cognitive setback to form honest and otherwise meaningful associations with other people.

When an accident occurs and there is brain injury involved, often one’s life is permanently changed. During the time that I was a patient in the first of two rehabilitation hospitals, I had a fellow patient who, along with his family, was on his way home one weekend from a holiday. He had a major auto crash, caused by a drunken driver. He was hospitalized for a number of soft tissue and a TBI injuries. His family was heavily impacted by the accident. In the mishap, his grandfather and two sisters died!.. An accident such as this, has the potential to permanently change one’s life. One never forgets the outcome of a mishap such as this.

One very important type of accident is the one in which different individuals emerge with results that are very dissimilar. Usually, it is caused by an auto crash and points to the fact that life as we know it, can be very unfair. Another fellow patient I had when I was in brain injury rehabilitation experienced this directly. He was involved in a car crash. The accident left him with a cognitive brain injury which was also permanent. He was wheelchair-bound, because of severe balance problems. His



brain injury made him very light and sound-sensitive. As a result, he wore sunshades constantly and earphones almost constantly. His life was severely and permanently altered. His brother who was driving the car at the time, was able to walk away from the crash with only a sprained elbow... Of course, the situation could be reversed. You could be relatively unscathed, but a loved-one is severely affected. This situation could cause one to experience much guilt because of ease of recovery, compared to the level of difficulty that the other vehicle-occupant experiences.

DONATE TO BIAC The Brain Injury Association of Canada

Other \$ _____ \$2,500 \$1,000 \$500 \$125 \$50

I would like to make my gift with:

Personal cheque, enclosed Corporate cheque, enclosed

Post-dated cheque(s), enclosed

Visa Mastercard

Card #

Expiry Date: _____

Signature: _____

Yes, I would like to become a member of the BIAC Monthly Giving Plan.
Please begin deducting \$ _____ on the 15th day of _____(month), _____(year)
from my credit card (info above).



Name _____

Address _____

Email _____

Date _____

I wish to have my name included as a donor in print and electronic materials, including the BIAC website.

I wish to remain anonymous in donor recognition listings.

Mail or fax this form to the address below, or donate online at www.canadahelps.org

Call our number for a secure fax line.

Brain Injury Association Of Canada, 440 Laurier Ave. West, Suite 200, Ottawa, Ontario, K1R 7X6 Tel: 1-866-977-2492 www.biac-aclc.ca

All gifts to BIAC qualify for income tax deduction.
Registered Charity Number: 862771540RR0001

We need your votes - click on the poster to find out why!



VOTE DAILY FROM DEC. 5-16

VOTE & PROMOTE HEAD STRONG

FANELLI 4 BRAIN INJURY AWARENESS

Help bring Head Strong \$35,000 closer to helping Brain Injury survivors with their education costs. Zehr Insurance Brokers Ltd has nominated Head Strong as an idea in the Aviva Community Fund to receive \$35,000 that will benefit the Brain Injury Association of Canada's Bursary Fund – assisting brain injury survivors with costs associated with post-secondary education.

WE NEED YOUR VOTES
Register and vote for HEAD STRONG
visit avivacommunityfund.org
Search for FANELLI or ID: ACF1102
(search bar located to the top right corner of the Aviva Community Fund web page)

NOTE: You must register to vote. You only have to do this one time. After you register you will receive a confirmation e-mail. Open the e-mail and follow the directions to confirm your registration. These steps only take a couple minutes.

Visit kitchentrangers.com for more information.

avivacommunityfund.org



Voici quelques nouvelles du Regroupement



Chers partenaires, Voici quelques nouvelles du Regroupement :

Maison de répit dans Lanaudière

Depuis septembre, la Maison Clémentine, située à Joliette, offre aux personnes ayant subi un traumatisme crâniocérébral et leur famille un répit. Ce nouveau lieu est adapté à leurs besoins. Pour en savoir plus

<http://www.laction.com/Societe/Vie-communautaire/2011-11-09/article-2800463/La-Maison-Clementine-offre-une-%C2%ABseconde-vie-%C2%BB-aux-traumatises-craniens/1>



Numéro spécial sur le TCC par l'Ordre des orthophonistes

L'Ordre des orthophonistes et audiologistes du Québec a consacré son numéro Fréquences de l'été 2011 au traumatisme crâniocérébral. Un numéro incontournable :

<http://www.raptccq.com/documents/limpact-du-tcc-sur-les-troubles-de-la-parole-par-lordre-des-orthophonistes-et-audiologistes-du-quebec-fr.pdf>



Nouvelle affiche pour la Semaine québécoise des personnes traumatisées crâniocérébrales

Le Regroupement (ci-dessous) tient un concours pour créer la nouvelle affiche, laquelle servira dans le cadre de la Semaine québécoise des personnes traumatisées crâniocérébrales, qui se tiendra du 13 au 18 mai 2012. Le concours s'adresse à toute personne ayant la fibre artistique qui pourrait être intéressée par ce beau défi à relever. Pour connaître le détail :

www.raptccq.com Le Regroupement sur Facebook

Le Regroupement a sa page Facebook depuis quelques mois. Une page qui est constamment mise à jour (plus de cinq nouvelles sur le TCC par semaine). Nous vous invitons à aller y faire un tour :

<http://www.facebook.com/#!/pages/Traumatisme-cr%C3%A2nien-regroupement-qu%C3%A9becois/188363271194886>

bonne journée !

GUY LEMIEUX - RAPCCQ

Toronto Marlies Brain Injury Awareness Day

March 18th, 2012 ● Event Start 1:30pm ● Game Start 3:00pm

The Toronto Marlies are proud to announce an event in conjunction with World Head Injury Awareness Day (March 20th) and Brain Awareness Week (March 12th – 18th). We are inviting all from our partnered health organizations along with supporters to join us for The Toronto Marlies Brain Injury Awareness Day.

This day will feature reduced ticket prices with over 20% of proceeds going towards setting up outings for affected individuals and families.

If you would like further information please e-mail ehansler@torontomarlies.com

If you would like to purchase tickets to this event contact Eric Hansler at 416-263-3908, or click the following link:

<https://oss.ticketmaster.com/html/go.html?l=EN&t=marlies&o=12829028&g=2273>

Promo Code: awareness



Brain Injury Association of Canada
Association canadienne des lésés cérébraux

40 Laurier Ave. West, Suite 200, Ottawa, Ontario, K1R 7X6
Phone: 613-762-1222, Toll Free: 1-866-977-2492
Fax: 613-782-2228, E-mail: info@biac-aclc.ca
www.biac-aclc.ca



Proud sponsors of the
Brain Injury Association of Canada

IBC BAC Insurance Bureau of Canada
Bureau d'assurance du Canada



Please note:

The opinions expressed in Impact, the newsletter of the Brain Injury Association of Canada (BIAC) are those of the respective authors and not necessarily those of the Brain Injury Association of Canada. BIAC will not be liable for any damages or losses howsoever sustained, as a result of the reliance on or use by a reader or any other person of the information, opinion, or products expressed, advertised or otherwise contained here in. Where appropriate, professional advice should be sought.